



# *Lige Hollis Memorial Scholarship*

*Lige Hollis was one of the original founders of Wayne Halfway House. In 1992, Lige had a vision of a place that could help change the lives of boys that had come from difficult circumstances. His dream began in an old motel housing 16 boys. In 2003, he decided to expand and a new 52 bed facility was built. From his vision, Wayne Halfway House has gone from a 16 bed facility to an 84 bed facility in 2015 and has helped thousands of youth across the state of Tennessee. Mr. Hollis passed away in December 2017, and it is our hope to continue his legacy through the Lige Hollis Memorial Scholarship.*

***\*\*All applications must be filed by March 1<sup>st</sup> with the Wayne County High School Counselor. Scholarship is a one-time award worth \$2000.\*\****

In the space below, write or type a description of the career path you have chosen and why:

\_\_\_\_\_ / \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## TEACHER APPROVAL

This is to certify that I have known \_\_\_\_\_ for at least one semester. From this acquaintance and association, I certify that he/she is of good moral character. I further testify that the applicant has shown a definite interest in pursuing a post-secondary degree and would be deserving of this monetary award.

\_\_\_\_\_  
Printed Name of Teacher

\_\_\_\_\_  
Teacher Signature

## INSTRUCTIONS TO APPLICANT

- A. Required Enclosures
- High school transcript (include ACT score)—counselor will attach once you submit your application
  - Two letters of reference
  - A paragraph stating your financial need
  - A paragraph stating your work experience
  - MUST be a graduate of Wayne County High School, Waynesboro, TN
- B. Secure all signatures as indicated (you, teacher, parent)
- C. Return the completed application/all enclosures to your guidance counselor by March 1<sup>st</sup>

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Student Cell Number \_\_\_\_\_ Parent Cell Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

College/Tech School Planning to Attend \_\_\_\_\_

I certify that all information contained in this application is correct. I understand that if selected for the scholarship, it is a one-time scholarship and that I must provide proof of enrollment at my post-secondary institution to Mrs. Heather Warren in order to receive the scholarship. Proof in the form of a class schedule or bill can be provided on or prior to August 1, 2019. The check will be distributed and a picture will be made for qualifying winner(s) in early August at WCHS.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

*Please place application and all enclosures in the order listed above in a manila folder/envelope and return to your school counselor by March 1<sup>st</sup> (Items C and D can be typed on the same page).*